

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Shunichi SOMA et al.

Title:

ORTHODONTIC REMEDIES

CONTAINING PTH

Appl. No.:

09/344,382

Filing Date:

06/25/1999

Examiner:

David S. Romeo

Art Unit:

1647

NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES

Mail Stop AF Commissioner for Patents PO Box 1450 Alexandria, Virginia 22313-1450

Sir:

Applicants hereby appeal to the Board of Patent Appeals from the decision of the final rejection dated October 23, 2003, of the Examiner finally rejecting Claims 22-28, 45 and 49-51.

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- [X] Applicants hereby petition for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:
- [X] Notice of Appeal Fee

[X]To be paid as detailed below

[]Not required (Fee paid in prior appeal)

04/23/2004 CNGUYEN 00000052 09344382

02 FC:1401

330.00 OP

The required fees are calculated below:

\$330.00	Notice of Appeal Fee	[X]
\$950.00	Extension for response filed within the third month:	[X]
\$0.00	Extension:	[]
\$1280.00	FEE TOTAL:	
\$0.00	Small Entity Fees Apply (subtract ½ of above):	[]
\$1280.00	TOTAL FEE:	

- [] Please charge Deposit Account No. 19-0741 in the amount of \$1280.00. A duplicate copy of this transmittal is enclosed.
- [X] A check in the amount of \$1280.00 is enclosed.
- [X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date April 22, 2004

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